

Case Number:	CM14-0166079		
Date Assigned:	10/13/2014	Date of Injury:	07/29/2004
Decision Date:	11/11/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in American Board Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

62 yr. old female claimant sustained a work injury involving the neck and back. She was diagnosed with degenerative disk disease, left carpal tunnel syndrome and had undergone a cervical decompression and fusion of C5-C7. A progress note on 5/7/14 indicated the claimant had neck pain with decreased range of motion. He had undergone physical and aquatic therapy. At the time he was treated with Norco 10 /325mg 4-5 times daily, Prilosec for GERD 20 mg daily and Ambien 10 mg at night for sleep difficulties. A progress note on 8/5/14 indicated the claimant had cervical muscle spasms. Current medications or treatment plan did not mention active medications or continuation of medications. Sleep status was not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective use of Hydrocodone/APAP 10/325mg #75 (DOS 08/05/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

Decision rationale: Norco (Hydrocodone/APAP) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is

recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco several months. The date of service did not indicate response to Norco use or directions for further use. The retrospective use of Norco was not medically necessary.

Retrospective use of Zolpidem Tartrate 10mg #30 (DOS 08/05/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia medications

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had been on several months of Ambien (Zolpidem) for sleep. The quality of sleep disturbance and etiology were not identified or further investigated. The claimant had been on it for an extended length of time beyond the guideline recommendations. The Zolpidem for the date of service above was not medically necessary.

Retrospective use of Omeprazole 20mg #30 (DOS 08/05/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the use of Prilosec (Omeprazole) on 8/5/14 is not supported and is not medically necessary.

Prospective use of Hydrocodone/APAP 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco (Hydrocodone/APAP) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco several months. The progress notes did not mention response to Norco use or directions for further use. In addition, the claimant had been on Norco for several months. The continued use of Norco was not medically necessary.

Prospective use of Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Insomnia

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had been on several months of Ambien (Zolpidem) for sleep. The quality of sleep disturbance and etiology were not identified or further investigated. The claimant had been on it for an extended length of time beyond the guideline recommendations. Continued use of Zolpidem is not supported by the guidelines or clinical notes and is not medically necessary.

Prospective use of Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec (Omeprazole) is not supported and is not medically necessary.

